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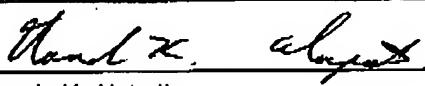
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	10/735,657	
	Filing Date	12/16/2003	
	First Named Inventor	Ripley, et al	
	Group Art Unit	3722	
	Examiner Name	D. Ross	
Total Number Of Pages In This Submission	19	Attorney Docket No.	1095 1010.1

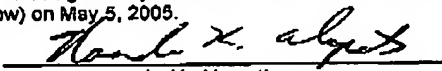
ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declarations <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below): 1.
Remarks		RECEIVED MAY - 6 2005 OIP/E/JCWS

SIGNATURE OF APPLICANT, ATTORNEY OR AGENT

Firm Or Individual Name	Customer No. 26158 Womble Carlyle Sandridge & Rice, LLC P.O. Box 7037 Atlanta, Georgia 30357-0037 703-394-2216	
Signature	 Nanda K. Alapati	39,893
Date	May 5, 2005	

CERTIFICATE OF FACSIMILE TRANSMITTAL

I hereby certify that this correspondence is being sent by facsimile to the United States Patent and Trademark Office, at fax number 703-872-9306 (USPTO Customer Window) on May 5, 2005.


 Nanda K. Alapati

Burden Hours Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

WASHINGTON 145751v1

WCSR Form(12-04)

Effective on 12/8/2004. Fees pursuant to the consolidated Appropriations Act, 2005 (H.R. 4818) FEE TRANSMITTAL for FY 2005		Complete if Known Application Number 10/735,657 Filing Date 12/16/2003 First Named Inventor Ripley, et al Examiner Name D. Ross Group Art Unit 3722 New Attorney Docket No. 1095 1010.1	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27			
TOTAL AMOUNT OF PAYMENT (\$) 1450.00			
METHOD OF PAYMENT (check all that apply)			
<input checked="" type="checkbox"/> Deposit Account		Deposit Account Number 09-0528 Deposit Account Name Womble Carlyle Sandridge & Rice P.O. Box 7037 Atlanta, GA 30357-0037	
The Commissioner is hereby authorized to: (check all that apply)			
<input checked="" type="checkbox"/> Charge fee(s) indicated below		<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee	
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17		<input checked="" type="checkbox"/> Credit any overpayments	
FEE CALCULATION			
OTHER FEE(S)			

EXTRA CLAIM FEES FOR UTILITY AND REISSUE

		Extra Claims				Fee from below		Fee Paid	
Total Claims	48	-	31 **		17	x	50	=	850.00
Independent Claims	8	-	5 **		3	x	200	=	600.00
Multiple Dependent								=	
Large Entity Small Entity									
Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description					
1202	50	2202	25	Claims in excess of 20					
1201	200	2201	100	Independent claims in excess of 3					
1203	380	2203	180	Multiple dependent claim, if not paid					
1204	200	2204	100	** Reissue independent claims over original patent					
1205	50	2205	25	** Reissue claims in excess of 20 and over original patent					
TOTAL)								(\$) 1450.00	

**or number previously paid, if greater. For Reissues, see above

SUBMITTED BY		Complets (if applicable)	
Name (Print/Type)	Nanda K. Alapati	Registration No. (Attorney/Agent)	39,893
Signature	<i>Nanda K. Alapati</i>	Telephone	703-394-2216
		Date	May 5, 2005

WASHINGTON 145748v1

Application Serial No. 10/735,657
Response to Office Action mailed March 28, 2005

IN THE U.S. PATENT AND TRADEMARK OFFICE

Application No.: 10/735,657	Confirmation No. 2850
Application of: RIPLEY et al	Group Art Unit: 3722
Filing Date: December 16, 2003	Examiner: D. Ross
Title: Milling Cutting Tool Having Cutter Body Mated to an Adapter	Docket No. 1095 1010.12 Customer No. 26158

AMENDMENT

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

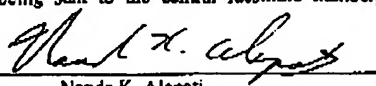
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Dear Sir or Madam:

In response to the office action mailed March 28, 2005, please enter and consider the following amendments and remarks.

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks/Arguments begin on page 12 of this paper.

CERTIFICATE OF FACSIMILE TRANSMITTAL	
I hereby certify that this correspondence is being sent to the central facsimile number, 703-872-9306, for patent application related correspondence on May 5, 2005	
17 Pages	 Nanda K. Ajapati

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02 FC:1202 850.00 DA

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